



Atlanta Police Department
 Identification Unit
 Vehicle Cage Log Form

Please complete the following form and provide the on duty Property Supervisor with Copy (3) of the Vehicle Impound Report. This is required before the key to the Identifications Unit Storage Cage is given.

Vehicle Check In

Date: _____ Time: _____ Property Supervisor: _____

Name of ID Technician authorizing: _____

Property Contacted by: ☐ In Person ☐ By Telephone ☐ By Two Way Radio

Unit / Radio Number of Personnel Placing Vehicle in the ID Cage: _____

Investigator / Officer Name: _____

Assignment: Division _____ Section _____ Unit _____

Vehicle Data: Year _____ Make _____ Model _____
 Tag _____ State/Year _____ / _____ Color _____

VIN _____

Key to Vehicle Cage Returned to Property ☐ Yes ☐ No

Vehicle Check Out

Date: _____ Time: _____ Property Supervisor: _____

Name of ID Technician Removing Vehicle: _____

Property Contacted by: ☐ In Person ☐ By Telephone ☐ By Two Way Radio

Unit / Radio Number of Personnel Removing Vehicle from ID Cage: _____

Assignment: Division _____ Section _____ Unit _____

Investigator / Officer Name: _____

Key to Vehicle Cage Returned to Property ☐

☐ **Yes**

No